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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with F m PTO/SB/06) * May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend Depend Indep Depend Indep Depend 52 53 54 55 ///6 56 57 58 59 10 60 7 11 61 / 12 62 / 13 63 / 14 64 15 65 7 16 66 117 67 / 18 68 / 19 69 20 70 21 71 T 22 72 23 73 7 24 74 7 25 75 26 76 27 77 _28 78 29 79 30 80 / 31 81 32 82 7 33 83 34 84 7 35 85 7 36 86 / 37 87 38 88 39 89 40 90 41 91 42 92 7 43 93 1 44 94 745 95 / 46 96 / 47 97 7 48 98 / 49 99 / 50 100 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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